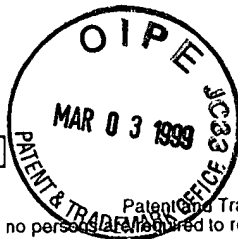


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| | | |
|---|--------------------------|--|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) | Attorney Docket Number | PSI-801 |
| | First Named Inventor | EINARSON |
| | COMPLETE IF KNOWN | |
| | Application Number | / |
| | Filing Date | 2/1/99 |
| | Group Art Unit | |
| <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing | OR | <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) |
| Examiner Name | | |

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MULTI-LEVEL MONITORING WELL

the specification of which (Title of the Invention)

☒ is attached hereto
OR
☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

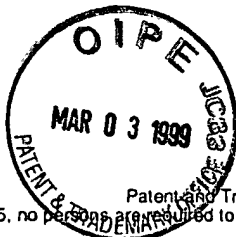
| Application Number(s) | Filing Date (MM/DD/YYYY) |
|-----------------------|--------------------------|
| 60/073,316 | 02/02/1998 |

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

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| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
|--|---------------------------------|--------------------------------------|
| | | |

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar-Code Label here

| Name | Registration Number | Name | Registration Number |
|--------------------|---------------------|------|---------------------|
| LORRAINE S. HIRSCH | 35,545 | | |

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto

Direct all correspondence to: ☐ Customer Number or Bar Code Label

OR ☒ Correspondence address below

| | | | | | |
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| | | | | | |
|--|-----------------------|---|----|-------------|---------|
| Name of Sole or First Inventor: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle [if any]) | | Family Name or Surname | | | |
| MURRAY D. | | EINARSON | | | |
| Inventor's Signature | | | | Date | 1/29/99 |
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| | | | | Citizenship | CANADA |
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| Post Office Address | | | | | |
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| | | | | Country | USA |

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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| DECLARATION | ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u> |
|--------------------|--|

| | | | | | | | |
|--|-------------------|--|----|------------------------|-------|-------------|---------|
| Name of Additional Joint Inventor, if any: | | <input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | |
| MICHAEL B. | | | | CASEY | | | |
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| Post Office Address | | | | | | | |
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| Name of Additional Joint Inventor, if any: | | <input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | |
| DONALD | | | | WINGLEWICH Winglewich | | | |
| Inventor's Signature | | | | | | Date | 1/29/99 |
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| Post Office Address | | | | | | | |
| City | MARSHALL | State | CA | ZIP | 94940 | Country | USA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | |
| | | | | | | | |
| Inventor's Signature | | | | | | Date | |
| Residence: City | | State | | Country | | Citizenship | |
| Post Office Address | | | | | | | |
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